

**FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION**

Form/Schedule: F1N  
Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

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Form/Schedule:  
Transaction ID:

2013 OCT 28 AM 10:18

FEDERAL ELECTION  
COMMISSION  
PUBLIC MISCELLANEOUS  
DIVISION

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2013 OCT 28 AM 8:25 PAGE 1 OF 25 FEC MAIL CENTER

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12 FE4MS

Crush Graham Cracker PAC

ADDRESS (number and street) 201 Ashmont Drive (Check if address is changed) Charleston SC 29492 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) CrushGraham@stickerbombblindsey.com Optional Second E-mail Address csirois@dbcapitostrategies.com

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) www.stickerbombblindsey.com

2. DATE 10 18 2013

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gretchen Ramey

Signature of Treasurer Gretchen Ramey Date 10 18 2013

NOTE: Submission of false, chicanery, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §637g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d) This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	Trade Association	Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

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Write or Type Committee Name

# Crush Graham Cracker PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Gretchen Ramey

Mailing Address 201 Ashmont Drive

Charleston

SC

29492

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 843 - 300 - 5606

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Gretchen Ramey

Mailing Address 201 Ashmont Drive

Charleston

SC

29492

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 843 - 300 - 5606

13031133845

Full Name of Designated Agent Christina Sirois

Mailing Address 717 King Street Suite 300

Alexandria VA 22314

CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 240 - 210 - 1163

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Access National Bank

Mailing Address 14006 Lee Jackson Memorial Hwy

Chantilly VA 20151

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

13031133846

13031133847

801 ASH MONT DRIVE  
CHARLESTON, SC 29492

NO VA 220

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FEDERAL ELECTION COMMISSION  
999 E STREET, NW  
WASHINGTON, DC 20463

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked  
10/22/13

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 10/28/13  
 PREPARER DATE PREPARED

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